## **FAXED BUILDING PERMIT REQUEST**

Fax To: 707-428-7324

Contractor	Info:	
Company Name:		License Number:
Address:		
City:	State:	Zip:
Telephone:	Contact Person:	
Property In	fo:	
Address:		Owner Name:
Permit Req	uest: (Please check all that apply.)	
Re-roof:	Overlay (# of Exist Layers) Tear Off Re-Sheet MaterialsValuation  CRRC Product# T-24 exemption: Other/Additional Description:	
HVAC:	AC (Seers:) Furnace (Efficiency Rating:) New Circuit Rooftop*  *Rooftop units will need Planning's approval prior to permit submittal.  Other/Additional Description:	
Plumbing:	Water Heater (Size:) Tankless W/H (BTU) Water Line Water Line  Gas Line*(# of Outlets:) *Provide gas line schematics that include the btu's of each appliance, lengths of runs, and pipe sizing for approval.  Sewer (Street side cleanout* House-side cleanout)  *Sidewalk cleanouts require an encroachment permit prior to permit issuance. Call 707.428.7486 for encroachment permit info.  Fixture(s) (Please list type and quantity:)  Other/Additional Description:	
Electrical:	Service Change (Amps) New Circuits Other/Additional Description:	
Siding:	Entire House Portion (specify) Other/Additional Description:	
Please specup on this o	cify the time and date to pick up permit. Ple date. Please call 707-428-7451 if you cannot	ase note that the permit must be picked pickup the permit.
Pickup Date:	Picku	p Time: